

Health Department, City of Baltimore.

Permit No. 98402 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James H. Tucker

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 36 Years, _____ Months, _____ Days

Color, (Colored)

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give Street and Number. } 17 Vine St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 28th 1887

{ Undertaker, Alex. Hunsley P. Ricker M. D.
Place of Business, 561 Orchard Address, Penna Ave & Roberts St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98703 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, March 19 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Kahl

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Three Years, Six Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 335 (old No.) Harford Ave

Cause of Death, { First (Primary), Second (Immediate), } Scarlet Fever.
Septicaemia

Duration of Last Sickness, About four days

All the above information should be furnished by the Physician.

Place of Burial, Arlington & Co

Date of Burial, March 20 1887

{ Undertaker, Henry Hoek } Aug. C. Clewell M. D. Medical Attendant.

{ Place of Business, 309 N. Central } Address, 1741 Harford Ave

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98704

Office of Registrar of Vital Statistics.

Ward 17

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CERTIFICATE OF DEATH.

Date of Death, Mch 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Fireland

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, Months, Days.

Color, Colored.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Scow man

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Calvert Co Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } 1125 Goodman

Cause of Death, { First (Primary), Phthisis }
{ Second (Immediate), Hemorrhage & Exhaustion }

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20th 1887

{ Undertaker, S W Chase } J. J. Flannery M. D.

{ Place of Business, 64 S Howard St } Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98705

Office of Registrar of Vital Statistics.

Ward 18

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CERTIFICATE OF DEATH.

Date of Death, March 19 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Irene Miller

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 15 Years, 7 Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 337 E. Baltimore St.

Cause of Death, { First (Primary), Second (Immediate), } Spinal Meningitis

Duration of Last Sickness, 31 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 23rd 87

Undertaker, Jos. B. Lewis

Place of Business, 1003 N. Baltimore

James B. Boocky M. D.
Medical Attendant.

Address, 319 Herring St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98706 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paul Irene Berry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 7 Months, 11 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Rich

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1622 Mc Henry St.

Cause of Death, { First (Primary), Marasmus Second (Immediate), _____ }

Duration of Last Sickness, during lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Co

Date of Burial, Mar. 21/87

{ Undertaker, J. B. Cook } John Hoff M. D. Medical Attendant.

{ Place of Business, 1003 E. Balto Address, 201 N. Convent Ave }

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[OVER]

Health Department, City of Baltimore.

Permit No. 98707

Office of Registrar of Vital Statistics.

Ward 18

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CERTIFICATE OF DEATH.

Date of Death, March 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A. H. Nelson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 Years, 2 Months, 19 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick, Md.

Duration of Residence in the City of Baltimore, About 20 years.

Place of Death, {Give Street and Number.} 510 Scott St.

Cause of Death, {First (Primary), Second (Immediate),} Pneumonia

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Marrietta Lancers, Los Riva

Date of Burial, March 21st / 87

{Undertaker, Jos B Cook

{H. H. Hebrer M. D. Medical Attendant.

{Place of Business, 1003 N. Ballo Address, 814 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Transit 4594

Health Department, City of Baltimore.

Permit No. *98708*

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

March 19th

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hardy Lloyd

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

4 2

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Butcher

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Wilmington North Carolina

Duration of Residence in the City of Baltimore,

Fifteen Years

Place of Death,

{ Give Street and Number. }

Balto University Hospital

Cause of Death,

{ First (Primary), }

Ascite

{ Second (Immediate), }

Septicæmia

Duration of Last Sickness,

Four Months

All the above information should be furnished by the Physician.

Place of Burial,

St. Marys Cemetery

Date of Burial,

March 20 1887

Undertaker,

Hercules Ross

Thos. J. Coachee

M. D.

Medical Attendant.

Place of Business,

404 E. Main St

Address,

418 Brown Swan

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98709 Office of Registrar of Vital Statistics. Ward 6

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CERTIFICATE OF DEATH.

Date of Death, March 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harrah S. Dawkins

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 20 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, J

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 3303 McKelvey St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia
Tuberculosis

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, March 20 1887

Undertaker, William A. Dyer M. D.

Medical Attendant.

Place of Business, 150 East St Address, 100 N Broadway

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98710 Office of Registrar of Vital Statistics. Ward 19

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CERTIFICATE OF DEATH.

Date of Death, 20. Mch

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leha Starbel
Harpel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Cigar manufacturer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 1507 Montrose st

Cause of Death, { First (Primary), Second (Immediate), } consumption of lungs

Duration of Last Sickness, two years six weeks G.L.A

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Mar. 22nd 1887

{ Undertaker, W. Lewis Schaefer Medical Attendant, G. Lane Daneykin M. D.

{ Place of Business, 316 N. Fremont Address, 922 Madison ave

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98711 Office of Registrar of Vital Statistics. Ward 8

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CERTIFICATE OF DEATH.

Date of Death, March 20 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. Elmer Cook

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 Years, — Months, 9 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give Street and Number. } old no 193 Gunpowder Ave,

Cause of Death, { First (Primary), Second (Immediate), } Scarlet Fever
Septicæmia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown Balto Co Md

Date of Burial, March 21st

{ Undertaker, H. C. Wiedefeld } J. H. Robinson M. D.
Medical Attendant.

{ Place of Business, 916 Gunpowder Ave } Address, 725 Gunpowder Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]